

# DON'T PAY YOUR HRSD BILL ...

by mail or in person... instead... use

## AutoPay !

**SIGN UP** to pay your HRSD bill electronically and your payment will be automatically deducted from your designated bank account on the **DUE DATE** of your bill.

- You will continue to receive your HRSD or HRUBS bill.
- Your payment will be automatically deducted through your financial institution on the DUE DATE of your bill; and your payment will be reflected on your next periodic bank statement and in the balance of your next periodic HRSD / HRUBS bill.
- If a billing discrepancy should occur and you need to contact us to stop a scheduled payment from being deducted, you would need to do so at least 5 business days prior to the Due Date of your bill to allow enough time for the request to be processed.
- If you enroll and then find that Auto Pay isn't the right program for you, you may cancel your participation at any time by notifying Hampton Roads Sanitation District, in writing, at least thirty (30) days before your next scheduled payment.

Once HRSD and the City of Chesapeake begin joint billing (HRUBS) you will need to do nothing further to have your HRUBS payments automatically deducted from your bank account for your combined water and wastewater treatment bill.

### To **ENROLL** in the **AutoPay** program

- Complete and Sign the attached Authorization Agreement form.
- Return the authorization form to us with a VOIDED check or VOIDED deposit slip for the bank account from which you would like your payments deducted.

Your HRSD or HRUBS bill will notify you when Auto Pay is in effect.

Please complete and sign the Authorization Agreement form below and mail the form and voided check or voided deposit slip with your bill payment, or mail it separately to: **HRSD / HRUBS at P.O. Box 5912, Virginia Beach, VA 23471-0912.**  
If you have questions please call one of our Customer Information Services Representatives at **460-2491.**

## AutoPay

## Authorization Agreement

Name: (as shown on your HRSD or HRUBS bill)	HRSD or HRUBS Account Number
Address:	City, State, Zip:
Financial Institution:	Financial Institution Account Number:

(ATTACH A VOIDED CHECK OR VOIDED DEPOSIT SLIP SHOWING YOUR NAME AND CHECKING ACCOUNT NUMBER).  
I UNDERSTAND THAT I CONTROL MY PAYMENT, AND IF AT ANY TIME I DECIDE TO DISCONTINUE USING THE  
AUTO PAY PAYMENT SERVICE, I WILL NOTIFY HAMPTON ROADS SANITATION DISTRICT, IN WRITING.

I AUTHORIZE MY FINANCIAL INSTITUTION TO MAKE HRSD / HRUBS PAYMENTS DIRECTLY TO  
HAMPTON ROADS SANITATION DISTRICT AND POST THEM TO MY BANK ACCOUNT.

Signature (Checking Account Holder)    Signature (Joint Account Holder)	Daytime Phone #:	DATE:
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